

FEC FORM 2
STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

09 JAN 28 PM 2:51

1. (a) Name of Candidate (in full) <u>John BARRASSO</u>		2. Identification Number <u>C00436386</u>
(b) Address (number and street) <input type="checkbox"/> Check if address changed <u>6896 CASPER MOUNTAIN Road</u>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <u>CASPER, WY 82601</u>		
4. Party Affiliation <u>Republican</u>	5. Office Sought <u>US SENATE</u>	6. State & District of Candidate <u>WYOMING</u>

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <u>FRIENDS of John BARRASSO</u>
(b) Address (number and street) <u>6896 CASPER MOUNTAIN Road (PO Box 52008)</u>
(c) City, State, and ZIP Code <u>CASPER, WY 82601</u> <u>(Casper, WY 82605)</u>

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A	<input type="text" value="0.00"/>	for the primary election, and
9B	<input type="text" value="0.00"/>	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <u>[Signature]</u>	Date <u>1-16-09</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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29020043942

John Barrasso

U S S E N A T E

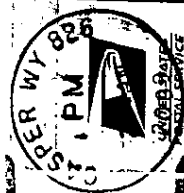
P.O. Box 52008

Casper, WY 82605

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NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0322

United States Senate

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